

# RECEIVED COMM. OF ELECTIONS

### Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	33rd District Democrat Committee		
Account Number:		Date of this Report:	01/05/2007
Reporting Period Start:	10/31/2006	Reporting Period End:	12/31/2006
Office:			
Check the box that applies to this	report:		
Primary Election General Election Other Election Special Election  X	8-DAY 30-DAY 8-DAY 30-DAY 8-DAY 30-DAY 8-DAY 30-DAY YEAR END		
Final Organization Closing: Amendment:		NO Closing Date:	-
I authorize that all information inche Campaign Finance and the election perform an audit of all information particles are also also also also also also also also	rocess in the State of Delaware. I underst	s accurate and correct. I agree to abide by all and that representatives from the Office of the	rules and regulations regarding State Election Commissioner will
CANDIDATE SIGNATURE		DATE	



## STATEMENT OF ACCOUNT BALANCE

Ac	count Number: Reporting Period:	10/31/2006 FROM	12/31/2006 TO
		14000000	
1.	BEGINNING BALANCE (Ending Balance from last reporting period)		\$916.83
2.	RECEIPTS:	_	0710.03
	A. SCHEDULE A - TOTAL RECEIPTS		\$350.73
	B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS		\$0.00
	C. SCHEDULE D-1 - TOTAL LOANS RECEIVED		\$0.00
	D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED		\$0.00
	E. SUBTOTAL (Total of A,B,C,D)	_	\$350.73
3.	EXPENDITURES:		
	F. SCHEDULE B - TOTAL EXPENDITURES	<u></u>	\$423.84
	G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES	_	\$0.00
	H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS	_	\$0.00
	I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID	-	\$0.00
	J. SUBTOTAL (Total of F,G,H,I)	_	\$423.84
4.	ENDING BALANCE (Beginning Balance plus 2E minus 3J)	_	\$843.72
5.	VALUE OF NON-CASH ASSETS (From Schedule F)	_	\$0.00
6.	VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)		\$0.00
7.	VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)		\$0.00
8.	CLOSE OUT BALANCE (Must equal zero if committee closed)		\$843.72



#### SCHEDULE B - TOTAL EXPENDITURES

Account Number:	-	Reporting Period:	10/31/2006 FROM	12/31/2006 TO
		litures to Political Committees must be itemized, regardless of t mount is over \$100, even if the individual amounts are not.	he amount. NOTE: IF you expend funds to the sai	me person or organization several times
EXPENDITURES IN EXC	CESS OF \$100:			

#### **Date Expended** Payee Name Payee Mailing Address Aggregate Amount Amount Expended 11/06/2006 Rick Thompson Frederica, DE \$0.00 \$400.00 11/15/2006 Artisan's Bank \$0.00 Dover, DE \$23.84 TOTAL EXPENDITURES IN EXCESS OF \$100 \$423.84 TOTAL EXPENDITURES NOT IN EXCESS OF \$100 \$0.00 GRAND TOTAL EXPENDITURES \$423.84

(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



#### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:		Reporting Period:	10/31/2006 FROM	12/31/2 <b>006</b>
during the reporting period, each it IN-KIND CONTRIBUTIO	tem must be listed if the aggregate amount NS IN EXCESS OF \$100:	et value in excess of \$100 for the reporting period. NOTE is over \$100, even if the individual amounts are not.  LESS ANY PAYMENTS YOU MADE FOR THE GOO		e person or organization several tim
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
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		CONTRACTOR OF THE PERSON OF TH		
TOTAL CONTRIBUTION	S IN EXCESS OF \$100	A A A A A A A A A A A A A A A A A A A		
TOTAL CONTRIBUTION	S NOT IN EXCESS OF \$100			
GRAND TOTAL RECEIP	rs			

(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



### SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	the majority algority desired and the	Reporting Period:	10/31/2006 PROM	12/31/2006 TO
reporting period, each item must be IN-KIND EXPENDITURES	listed if the aggregate amount is over \$100, e	e in excess of \$190 for the reporting period. NOTE: I ven if the individual amounts are not see any PAYMENTS YOU RECEIVED FOR THE		organization several times during th
Date Expended	Payce Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TOTAL EXPENDITURES	N EXCESS OF \$100			
TOTAL EXPENDITURES	NOT IN EXCESS OF \$100			
GRAND TOTAL EXPENDI (TOTAL SHOULD ALSO A		OF ACCOUNT BALANCE, ITEM 3G)		



#### SCHEDULE D-1 - LOANS RECEIVED

Account Number:		Reporting Period:	10/31/2006 FROM		12/31/2006 TO
All loans in excess of \$50 RECEIVED E		nould be itemized on this schedule, NOTE: These	e loans must also be listed on Schedule D-2.		
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
					ALLEX DESCRIPTION OF THE PARTY
		A - A - A - A - A - A		-	
		***			
				-	
TOTAL LOANS RECEIVED	AR ON PAGE 2 STATEMENT O	F ACCOUNT BALANCE, ITEM 2C)			



#### **SCHEDULE D-2 - LOANS**

his includes loans from Lending Institutions, Candidate	s Personal Funds and Other Con	tributors.			
Endorser	Description	Int Rate	Orig. Loan Amt	Payments Made	Balance
			Endorser Description I n t	Endorser Description I n t Orig. Loan Amt	Endorser Description I n t Orig. Loan Amt Payments Made



### SCHEDULE E - EXPENSE REIMBURSEMENTS

Reporting Period:

10/31/2006 FROM 12/31/2006

Financial Report (08/04)

Account Number:

Campaign Finance

Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursemen
		Description of the state of the			
	THE RESERVE OF THE PERSON				
			1		
		T OF ACCOUNT BALANCE, ITEM 2D.			
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	others for expenses they incurred.)  Description of Activity	Activity Date	Total Expense	Reimbursemen
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	others for expenses they incurred.)		Total Expense	Reimbursemen
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	others for expenses they incurred.)		Total Expense	Reimbursemen
IMBURSEMENTS PAID	PPEAR ON PAGE 2, STATEMEN	others for expenses they incurred.)		Total Expense	Reimbursemen
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	others for expenses they incurred.)		Total Expense	Reimbursemen

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